

Training Groups, Encounter Groups, Sensitivity Groups and Group Psychotherapy

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■ *Descriptions and comparison of group therapies and the new group procedures (training groups and sensitivity groups—an outgrowth of the so-called Laboratory Movement methods of the mid-1930's) have been provided for the better understanding of non-psychiatric physicians. A group leader must have proper training and must help his group in its search for its avowed goals, whether he is a group therapist, a sensitivity trainer, or anyone else interested in utilizing group processes.*

Those goals are either the therapeutic benefit of the individual, as defined in group psychotherapy, or a better understanding of how one functions in groups, as in T-groups or the other group processes in the area of sensitive living. All group situations contain powerful tools which must be handled with proper respect. When so handled by experienced leaders, the individuals involved can achieve their goals in these group experiences.

IN RECENT YEARS intensive group experiences have evolved in so many different directions that many of them are difficult to define. The non-psychiatric physician can neither keep them straight nor be expected to approve those which receive adverse notoriety. Some of the most important of

these are training groups (T-groups) and sensitivity groups which have grown out of what is referred to as the Laboratory Movement of the 1930's. These have a different approach and a different aim from the conventional group therapies, although both utilize a group situation. The purpose of this paper is to try to clarify for physicians the group situation in both of these areas as it now stands so that the modern doctor can intelligently answer the questions that his patients might ask him about what can be expected if participation in one of these groups seems advisable.

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Some of the material used in this paper has been excerpted, with permission of the editors, from L. A. Gottschalk, M.D., and E. M. Pattison, M.D., *American Journal of Psychiatry* 126:823-839 (Copyright 1969, The American Psychiatric Association).

Submitted August 31, 1970.

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The Group Psychotherapies

We will not be overly explicit here about the group therapies, for the word *therapy* implies that the patient is there for his own sake to correct something within himself, usually some emotional problem which he and the professional therapist both define as part of his complex of symptoms. He is a patient. These therapies make use of the group setting to give the patient some kind of a sought-for change which will help him in his efforts to get well. To review briefly, group therapy can be divided into the same three categories into which all of the psychological therapies fall—supportive therapy, re-educative therapy, and insightful therapy. These terms are self-explanatory. All group therapies are handled by or under the direction of a leader—a psychiatrist, a psychologist, a psychiatric social worker, a religious counselor, or people who are working under the direct supervision of these mental health personnel. In more recent years this list has included psychologically-oriented physicians, especially those dealing with specific kinds of groups, such as ones aimed at helping the obese or instructing women in natural childbirth. These professionals have had an educational experience which instilled in them adherence to a rather extensive ethical and legal code.

Group therapies can further be differentiated as being either heterogeneous or homogeneous. For instance, groups can be made up mostly of depressed, middle-aged housewives, of couples with marital problems or of both. Also, groups can be open-ended, that is, continually admitting and discharging patients, or closed and limited. More recently, in community mental health programs, psychiatric aspects of treatment groups can be crisis-oriented.

Sensitivity Groups, Training Groups, And Marathon Groups

Let us here provide a typical set of relevant definitions of the new kinds of intensive group processes.¹

The pivotal aspect of the new group processes is the laboratory movement or the training laboratory. A *training laboratory* is an educational procedure which aims to create a situation in which the participants, through their own initiative and control, but with access to new knowledge and skilled professional leadership, can ap-

praise their old behavior patterns and attitudes and look at new ones. A laboratory experience recommends a temporary removal of the participants from their usual living and working environment where any attempts to re-evaluate attitudes or experiment with new behavior patterns might involve risks and possible punishment. It provides a temporary artificial supportive culture (hence the designation *laboratory*) in which it is safe for the participants to confront the possible inadequacies of their old attitudes and behavior patterns and to experiment with and practice new ones until they are confident in their ability to use them. The assumption of the laboratory method is that skills in human interactions are best learned through participation in events in which the learners, themselves, are involved. The training activities, therefore, are social experiences in which the trainees take part and then reflect upon their patterns of participation. Essentially, the laboratory scene provides a location for experimental learning.

Sensitivity training is any of a set of experiences, including but not restricted to the training group, attempting to help each participant to recognize and to face in himself and in others many levels of functioning (including emotions, attitudes, and values), to evaluate his behavior in light of the responses it elicits from himself and others at these various levels, and to integrate these levels into a more effective and perceptive self. The basic data for learning come from the participants themselves, and from their immediate experiences within the group as they interact with each other in the effort to create from their own resources a productive and meaningful group. The experience is designed to provide a maximum opportunity for the participants to expose and analyze personal behavior and group performance, to learn how others respond to their behavior, and to learn effective personal and group functioning.

Marathon group is a term used to describe a sensitivity training group which meets continuously for periods of time ranging from 12 to 36 hours. The purpose of this technique is to heighten the impact of sensitivity training by means of continuous uninterrupted interactions which are being generated within the group. Some marathons have been used in weekend laboratories, where the total amount of time available was relatively short, as a device to move

the group in a single day to a greater depth of involvement and group interaction.

The *trainer* is the experienced leader or facilitator within a sensitivity training group who serves as a resource to the group. Since the primary social learning data for the participants will come from their own involvement with each other and with the group, the role of the sensitivity group trainer is different from that of the usual role of an educator or leader. He cannot assume the role of the expert, controlling and directing the group, without making the group dependent upon him, thereby undercutting the experience of group responsibility and participation which is supposed to be the primary source of learning data. The trainer, therefore, is supposed to serve more as a facilitator than a direct source of information, helping the group to make its own decisions and to use its own resources. He does this by calling the attention of the group from time to time to the behavior which is being exhibited and the relationships which are emerging in the group, and by helping the group to clarify its own goals and procedures. The trainer focuses primarily upon the "here and now" events and relationships which have been experienced within the life of the group.

Origins of the Laboratory Movement, T-Groups, and Sensitivity Training

With these brief descriptions of the new group procedures, we will now sketch out the history of these activities. These groups grew out of a completely different focus than that of the group therapies. From the time of Aristotle until the late nineteenth century, psychology was the study of individual minds.² Group interaction and interpersonal relations were not considered in the province of psychology, and the theories of social interaction in the psychological frame of reference were theories of individual reactions. Toward the turn of the century, some workers began to focus upon crowd psychology for the first time.³ During the 1920's social scientists began to study social interaction in normal social groupings with the conviction that the solution to social problems could thereby be facilitated. In the 1930's, Kurt Lewin developed his now famous field theory and began to implement action research as an approach to social change.⁴

The direct development of the training laboratory came from the collaboration of three men: Leland Bradford, Ronald Lippitt, and Kenneth Benne.^{5,6} All three had an educational background in psychology, experience in working with community educational projects, and involvement in numerous national projects dealing with major social problems related to human relations. They had been exposed to J. L. Moreno's methods of psychodrama,⁷ and had experimented with various role-playing procedures in community educational projects. In the summer of 1946, Bradford, Lippitt, Benne, and Lewin undertook a project to train a group of community leaders to deal with interracial problems. In addition, they planned to use this project as a means of studying their methods of group discussion as an educational procedure.

The T-group was born almost by accident during this summer project. Research assistants had been assigned to each discussion group to record the interaction and report their observations to the research team. The group members requested and were also allowed to attend informally these feedback sessions. The educational-research team observed the interest and enthusiasm generated in these sessions among the group members and immediately grasped the potential for group self-evaluation as a means of teaching the development of effective democratic group processes that could be applied to community group action. With this experience, the seminal ideas of the laboratory movement were developed, focusing on a new method of training people from communities in the process of democratic group formation. The new method was to be a laboratory for self-examination of group process. (For historical notes see references 5,6,8.)

Education has been one of the major institutional bases for this method, even though only a minority of schools participate widely in group training laboratories for their students. Human relations training in the classrooms exemplifies this tradition.^{9,10} The most firmly established institutional basis is in the field of business and industry where there is a concern for the improved function of work groups. The training movement has focused both on the "sensitization" of leaders to their impact on their work teams and task-oriented learning experiences for teams of persons who work together.^{11,12} Although social action was the initial concern of the founders

of the movement, it was not until the late 1960's that this focus really evidenced itself. This training movement as a therapeutic method for "normals" has been one of the strongest and most popular and prestigious areas of the laboratory approach, a seedbed from which have sprouted many variants, such as marathon groups, encounter groups, sensitivity groups, and personal growth laboratories.¹³

Finally, the training movement has continued to provide impetus for the scientific study of group dynamics, group process, leadership functions, decision making, and conflict resolution.¹⁴ However, the pioneers in the early laboratory movement with research orientations from the fields of psychology and sociology have, for the most part, departed the scene and transferred their research to the more scientific arena of their respective disciplines, leaving the laboratory movement as a predominantly clinical and applied discipline.^{15,16}

When one surveys the small monographs published by the National Training Laboratories, a definite trend is discernible.^{9,17-21} In the 1940's the movement expressed the concern for a method of teaching American communities techniques for participatory democracy. Group process and task-oriented group function dominated the scene. In the 1950's the concern shifted to individual growth, self-knowledge, and actualization and maturation; and the similarities between group psychotherapy and the sensitivity groups became blurred, so that today it is difficult to talk about one without talking of the other at the same time. Finally, from the mid-1960's on, there has been renewed interest in the original aims of the laboratory method as evidenced in *The Journal of Applied Behavioral Science* which was begun in 1965 as a vehicle for critical re-evaluation of this field.²²

The Laboratory Method, including training groups and sensitivity groups, at this time is a movement of interested and concerned people who have not as yet acquired even a hybrid professional status. This is partially due to a lack of uniform ideological bases and goals, although most aspects of the Laboratory Method spring from the field of social psychology. Schools of education and schools of business administration represent the major sources of institutional and professional support. The groups have remained peripheral to mental health professional training.

Unfortunately, without an identifiable discipline there have been no norms for performance and no explicit forums of evaluation.

The T-Group Procedure

The typical T-group may now be examined more specifically. The participants are, preferably, "normal" people with good personality integration and coping skills who can readily learn from experience. This group works toward a heightening of interpersonal skills, a sharpening of interpersonal perception, an increase in self-awareness and "authenticity" of life experience. The T-group "trainer" or leader functions more as an expeditor or catalyst than an authority or power figure. He may, in the course of the T-group, become fully assimilated into the group, thereby abdicating his attributes as a leader and giving up his position of responsibility toward the group. Hence, the designation "leaderless" for some kinds of T-groups.

The T-group is a relatively short term activity. It meets for several hours daily for two weeks, although at times the span is lengthened to a month. Sometimes such a group takes other directions such as a group of the marathon type, which may last 12 to 36 consecutive hours. The T-group may be made up of people who are related by virtue of working together or it may be composed of people who are strangers to one another. Group psychotherapy uses the group process as a method to help a patient correct an emotional problem, whereas T-groups were developed to instruct so-called "normal" people about their behavior in groups. In 1964, Jerome Frank²³ was able to make fairly clear distinctions between the T-group and the psychotherapy group. Training was distinct from therapy, as Frank saw it, even though there was some overlapping. In his view, therapy took up where training left off. As was mentioned earlier, this view is no longer so easy to maintain, other than on a theoretical basis.

In further describing the T-group, let us examine the actual procedures. First, T-groups present a minimal number of cues to participants in the group on how to proceed. The new T-group member is usually not advised that he will be expected to learn what he wants without guidance. Instead, he finds himself having to rely on observation of the behavior of himself

and others in this group in order to find a semblance of organization and order in a life situation without a *modus operandi* and a definitive leader. The trainer functions not to provide the operational guidelines, but to point out and help the group members become aware of what is happening. In their efforts to supply structure where it is absent, group members vie with one another to propose a program of operation and organization and rules of procedure; however to do so, each group member falls back on his personal experiences of how groups should function, and each participant attempts to set up the organization of the group in a way that fits his experience, thereby inadvertently attempting to reproduce in the T-group his typical role and function in other groups. At the same time, other members of the group are doing the same thing in their own particular style. The self-centered individual, the manipulator, the person who neglects to keep his fingers on the pulse of each individual in the group, the rebel for rebellion's sake, the peacemaker, the person who characteristically stays on the sidelines—these personality types and others reveal themselves to the group. If they are attuned to the feedback available from other group members, they will be offered a reflection of themselves as they perform in their customary roles. The reflection is not infrequently distorted rather than clear and sharp, for the reflecting surface of these human mirrors is roughened and distorted by the perceiver's own opinions, values and emotional conflicts.²⁴

Uses and Advantages of The T-Group Method

The T-group provides a vehicle for teaching the importance of interpersonal relations in natural group functioning. Rather than through didactic description, the T-group teaches through experience. An analogy might be made with the teaching of arithmetic. The teacher can do a problem on the board, but the student does not learn the arithmetical maneuver until he has actually solved a number of similar problems for himself on his own paper.

The T-group provides a means of sharpening perceptual skills—of recognizing interpersonal perceptual distortions, learning ways to check out interpersonal receptions, and learning how to correct interpersonal perceptions. A corollary is

the learning of one's own functioning in a group: seeing the role one plays vis-a-vis others, how one distorts the presentation of self to others, and obtaining corrective feedback. The T-group teaches people how they communicate with others, the variety of modes of interpersonal communications, and how to increase the effectiveness of communication, while decreasing the "noise" in the communication system. It provides a degree of "experiencing isolation," similar to the isolation of psychotherapy, which may enable participants to test out different modes of interaction and broaden their repertoire of human relations skills.

The T-group and related laboratory exercises have provided theory and method for effective intervention in organizations. This may range from natural community groups (churches) to community action groups (urban renewal), service organizations (YMCA), and business and industry (Shell, Esso, Bell Telephone). The human-relations emphasis in the T-group and laboratory method provides a method for nurturing human growth that may be incorporated into our educational structure to counter-balance many of the dehumanizing elements of American culture and particularly the mechanistic elements of the American school system.²⁵

The laboratory movement has given impetus and support to the scientific study of group function, leadership, and function of different types of groups, and these have received little emphasis in the clinical professional conventions. It has introduced many innovations in group interaction that may have clinical applicability: brief therapy groups, intensive group experiences, use of nonverbal interaction methods, refined use of group process analysis, and increased effectiveness of task groups.

Criticisms of the T-Group Method

Some of the basic assumptions that seem to have evolved in T-groups are open to criticism.²⁶ One of these is that the group should be and can be trusted. It is also implied that T-group trainers have not only the sanction and blessing, but the stamp of approval, of the National Training Laboratories or some other qualified training organization as wise, experienced teachers of group dynamics, counselors, and emotionally well adjusted persons. Unfortunately, in too many instances, the group trainers have not had much

organized professional preparation. Each trainer goes through several T-groups himself. This may eventuate in the selection of the more extroverted, self-confident and socially proficient persons to be future T-group leaders themselves. It does not guarantee either that the trainer has emotional or intellectual acumen with respect to recognizing and preventing the development of disruptive emotional breakdowns in T-group members or that he has the ability to examine such developments critically and discover his role in permitting or inciting them to occur. The trainer for the most part is free to hold any theoretical orientation he chooses. He usually appears to disregard or deal in a desultory fashion with the effect of extra-T-group contacts with group members during a series of T-group sessions. These extra-group contacts may, however, influence group dynamics. The typical trainer emphasizes the importance of recognizing emotions, but often there are no attempts by the trainers to question the appropriateness or rationality of emotional reactions. Many trainers, while defining the training group as non-therapeutic and predominantly educational, proceed to try to effect attitudinal and behavioral changes within that group.

T-groups set up a powerful emotional situation that is capable of evoking many kinds of dramatic reactions in the participants. Sometimes these reactions involve more than a mild exaggeration of the typical psychopathological traits of group members. For instance, in one T-group of 11 participants (and two trainers) there occurred: one borderline, acute, psychotic withdrawal reaction, two severe breakdowns with acute anxiety, crying and temporary departure from the group, one sadistic and exhibitionistic behavior pattern and two pronounced reactions of isolation and withdrawal—in all, six obviously acute pathological emotional reactions. People who are very active in group work of this kind assert that the incidence of psychopathological reactions of this magnitude is unusual, and that temporary severe emotional reactions may be a necessary part of a growth process. But we believe that a situation that can evoke pathological personality reactions of these types and intensities is, indeed, worth examining more closely even though it undoubtedly promotes the self-esteem and sense of achievement of most participants, for they report feeling at least as well and

comfortable if not better than before the T-group experience.

The T-group is as good or as bad as its trainer, the selection of participants, and the contracted purpose for the group meetings. The lack of the leader's clearly defined responsibilities is often felt as somewhat reprehensible by men of the medical profession. (Responsibility for the group is regarded as an overall ethical issue, not the style of leading the group by not giving directions.) Although the aims of the T-group may be beyond criticism, the results often seem to be a "game of hit-and-run." In this way it may foster a sense of pseudo-authenticity and pseudo-reality in which the participant can learn to be angry and to scream at people, and to do other things which he would not do in his normal living situation where he would reap the consequences of his behavior. Patterns that are considered "good" in T-groups may be completely inappropriate to a participant's real life circumstances. Exposure and frankness, attack and vulnerability may become premium values. Often too little attention is paid to the necessity for support and nurturance. Human foibles, inadequacies, and the normal range of variation in life style may be given short shrift. Individual tolerances to stresses and frustrations are often not considered. The result sometimes leads to a participant becoming a person who can take anything a group dishes out.

When groups are carried to the extreme of disregarding consequences of individual actions within that group, personal narcissism is often fostered and self-analysis and reflection are forgotten. In one professional work-team, for example, the members were instructed to tell, "how they really felt about each other." The members successfully "told off" their chief in the T-group. The result was total disruption and ineffectiveness in their business situation thereafter. The trainer had ignored completely the goal of helping this professional team to work together. It is suggested that each trainer very carefully size up the "contract" he makes with any group. He has a responsibility both to a group as a functional unit and to individual members. Neither a work group nor its members should be hurt. A group of people can be tyrannical and destructive just as they can be beneficial and supportive.

Recent developments in T-groups have led to some innovations in teaching self-awareness.

These have involved actual physical contact, such as wrestling, lifting, and touching each other, which raises a number of theoretical, technical, and ethical issues which will not be discussed here. Regardless of their possible validity, they do represent a shift from the avowed goal of the T-group as a democratic group educational experience. Another questionable assumption in the T-group situation is that all members learn at the same rate and that, therefore, the length of the T-group situation can be a relatively minor variable. Pattison²⁷ has shown, in the context of group therapy, that such time variables need considerably more careful investigation. The assessment of T-groups results has not considered seriously the deleterious effects of adverse countertransference reactions in therapists, especially nonpsychoanalytic psychotherapists. (See the review of Orr²⁸ of the rationale for the preparatory psychoanalysis of the student psychoanalyst.) The idea that a T-group experience will always be profitable must be questioned. However, the liabilities described above are not intrinsic deficits; rather, they are deficits of training, experience, clarity, and precision of goals²² and can be avoided. Leaders within the Laboratory Movement are addressing themselves to the task.

Of more concern are the peripheral and derivative products of the Laboratory Movement. We are alarmed about the people who have picked up bits and pieces of this movement, without the democratic concerns of the originators, without the clinical experience of the early leaders, without even the informal communicative guidelines that tend to keep professionals within a self-corrective framework. There is often no continuing inquiry of a self-critical and self-evaluative nature.

It is perhaps paradoxical that despite the enthusiasm that the Laboratory Movement has fostered, its practitioners have not fully realized how powerful are the tools they have developed. Therefore, the enthusiasm may not yet be tempered with the respect that these tools be rightly used.

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